



# County of San Diego

## HEALTH AND HUMAN SERVICES AGENCY

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### Medical Director's Update for Base Station Physicians' Committee July, 2012

**This year's protocol review** will occur in the fall. If you have suggestions for protocol changes, please let us know at EMS.

**Instructions were sent out** for dilution of epinephrine 1:1000 to the concentration of epinephrine 1:10,000. There may be a shortage of 1:10,000 prefills, forcing the dilution of epinephrine for cardiac arrest. After the dilution is performed have another crew member confirm the concentration. Do not save the solution or prepare it in advance. If epinephrine 1:10,000 is to be used for IV administration in anaphylaxis, the base MICN should confirm the correct dilution and the correct dose in mL and milligrams.

**IQCS training** continues in an effort to find and correct all bugs in the system. We are hoping for an August start as work continues.

**Please obtain field 12-leads early** after patient contact when indicated. The sooner a positive EKG is identified and transmitted, the sooner the hospital can activate the cardiac catheterization laboratory. The Base Hospital Nurse Coordinators believe this will contribute to improved patient care and shorten door-to-balloon times. Thanks for your help.

**EMS continues to meet** with the Beacon staff to implement the flow of patient records. This will include field 12-leads.

**Summer temperatures are up** and EMS began its heat monitoring for the season. Remember to consider heat injury in patients. Also, if it comes up, encourage neighbors to check on the elderly or others prone to heat illness, and make sure they know about the availability of cooling centers.

**The state has convened a working group** to look at the issue of Community Paramedicine. In these programs paramedics perform in roles apart from the usual 911 response to emergencies. Functions differ in different areas around the country, but may focus on minor trauma or outpatient care, disease management such as congestive heart failure, diabetes,

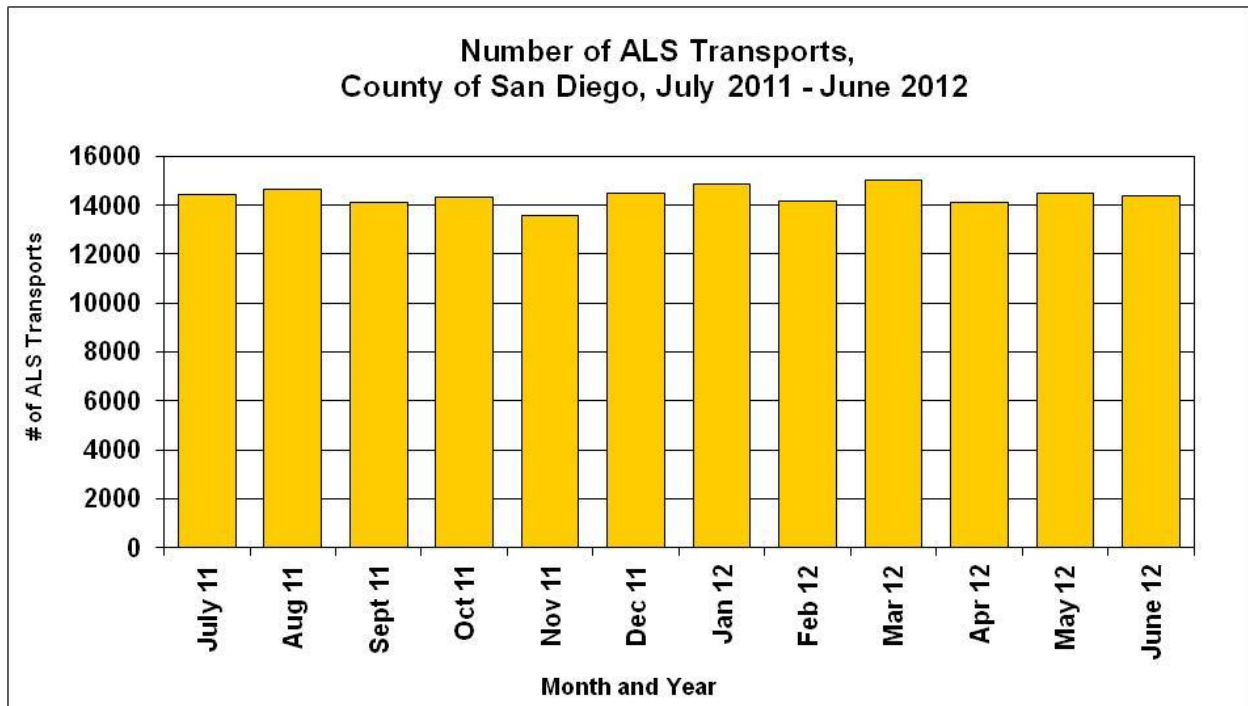
etc, or management of frequent users as we have seen here in San Diego. The review will look at possible roles, the experience elsewhere and implementation issues for California.

We are still waiting for the substantial number of state regulations we expect from state EMSA in the near future. The paramedic regulations were reviewed again and likely will go out for another 15 day comment period. The focus recently is on a limited scope of practice for interfacility transfers for all medics under the optional scope of practice, with a more comprehensive scope and training for those elect the more substantial IFT training which will run about 200 hours.

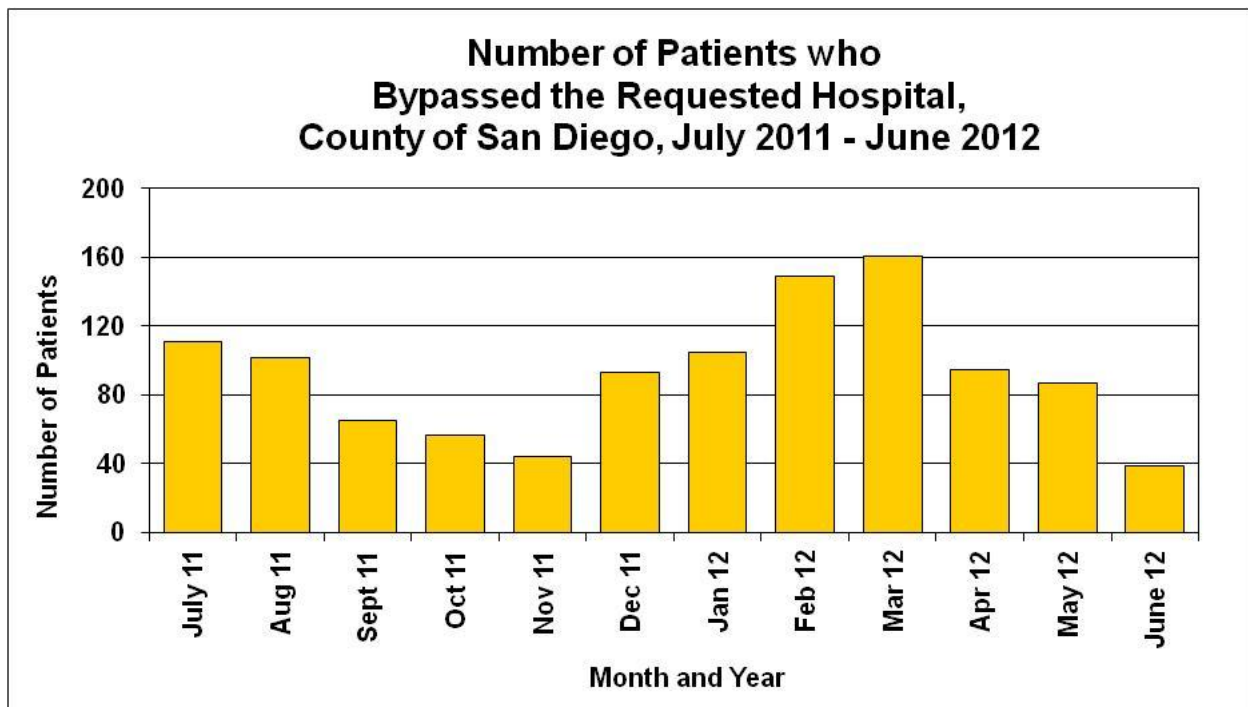
We expect regulations released also on EMS for Children, STEMI, and stroke systems implementation.

**The VA has started a Homeless Veterans** Initiative to prevent and end homelessness among veterans. If in the course of patient care you recognize they may need more than medical help, you may ask if they are a veteran. If so, you can give them materials that have the VA telephone number to seek assistance. For questions, email [VAHomeless\\_Veteran\\_Outreach@va.gov](mailto:VAHomeless_Veteran_Outreach@va.gov). Materials can be obtained at [www.va.gov/homeless/materials\\_center.asp#giveaway](http://www.va.gov/homeless/materials_center.asp#giveaway).

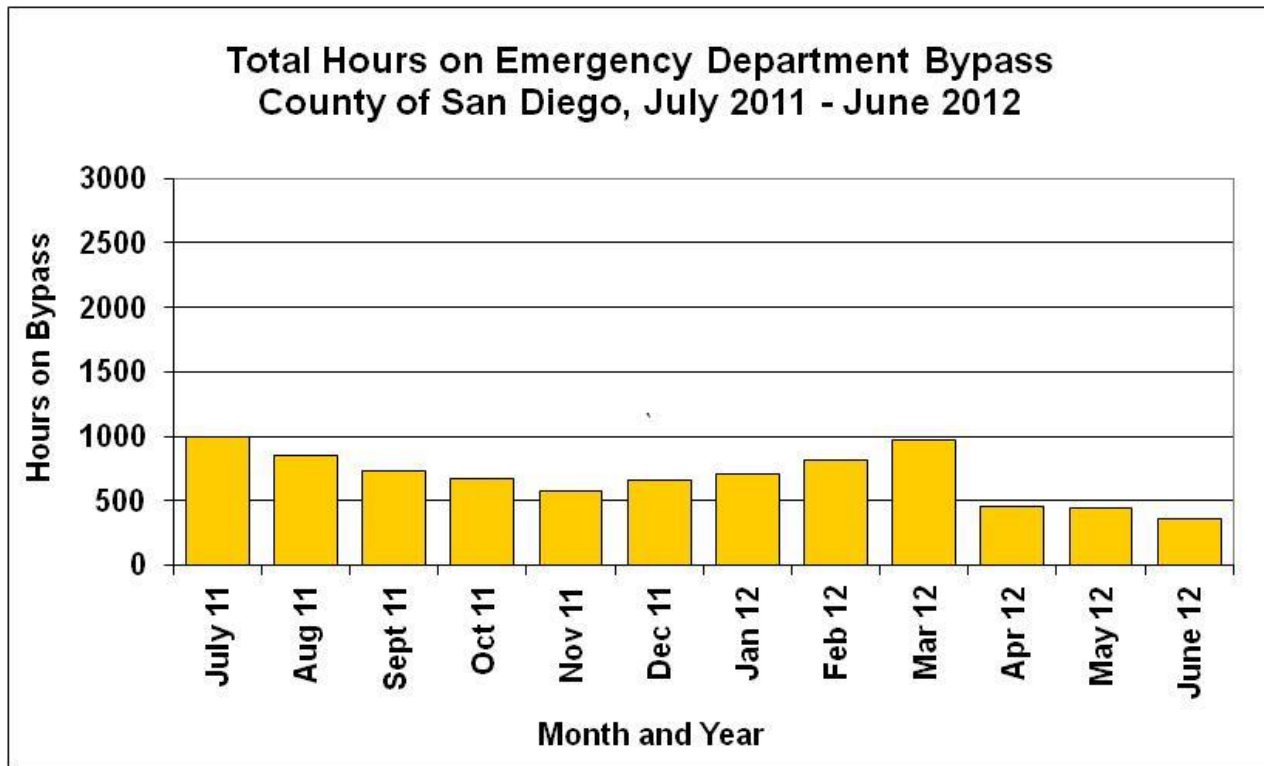
**A recent audit revealed we could improve use of charcoal.** We have two criteria in our treatment guideline for charcoal use: ingestion within one hour, and recommended by the poison center. The one hour interval had high compliance. On the other hand, fewer contacts of the Poison center were made when charcoal was given.



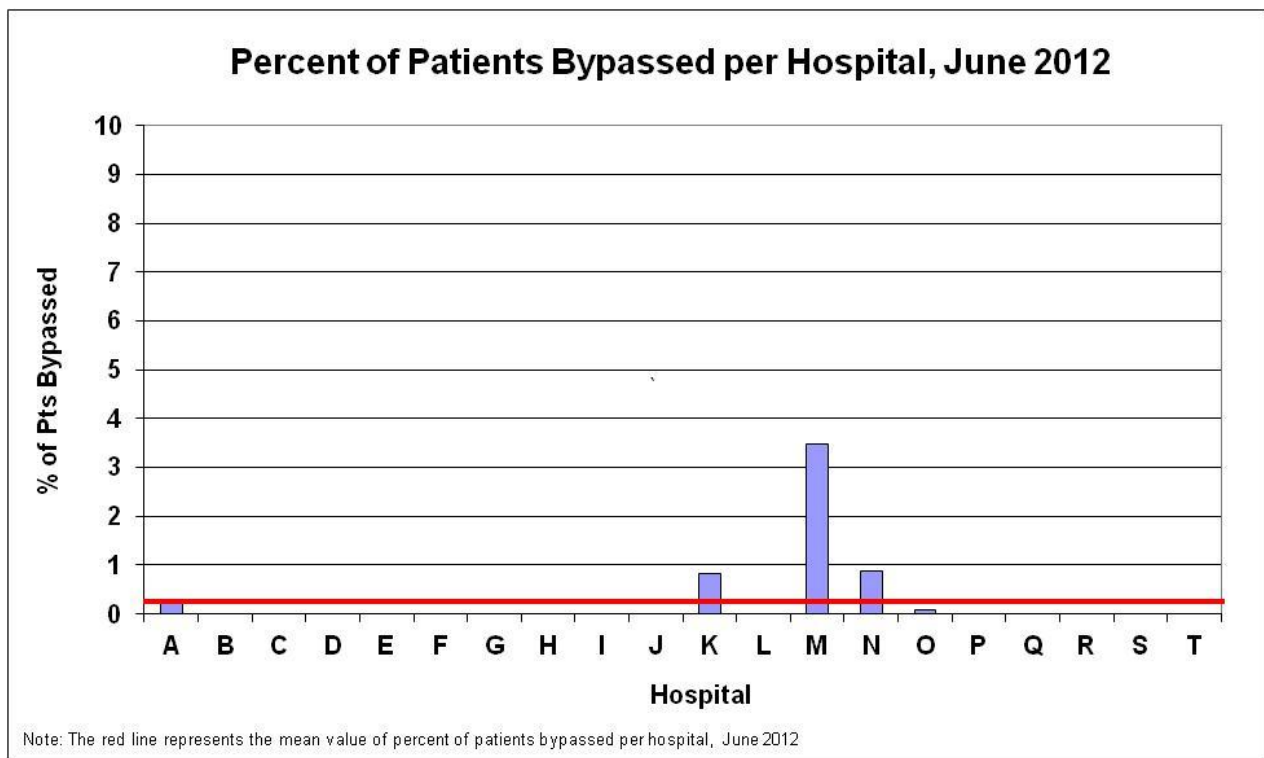
Source: County of San Diego, Health and Human Services Agency, Emergency Medical Services, MICN Records, July 2011 – June 2012 Note: Numbers based on Run Outcomes of Transport by Unit and Transport by Other



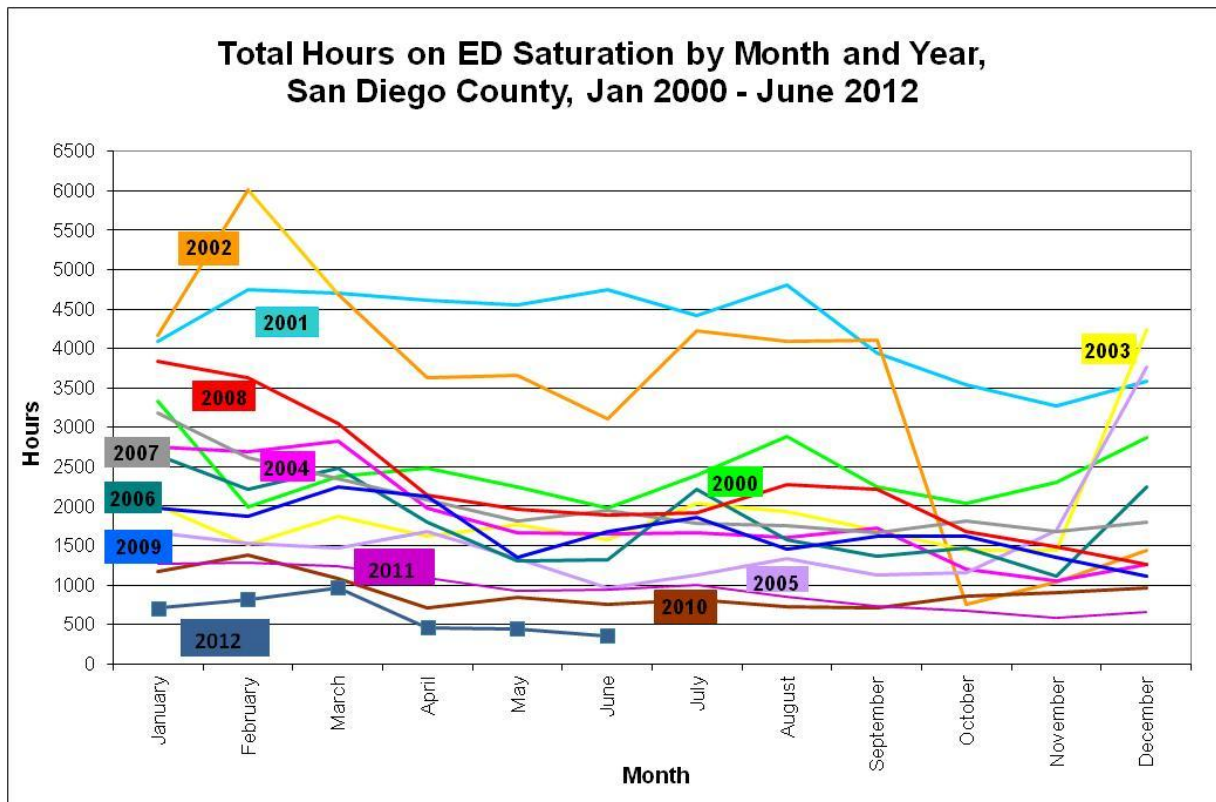
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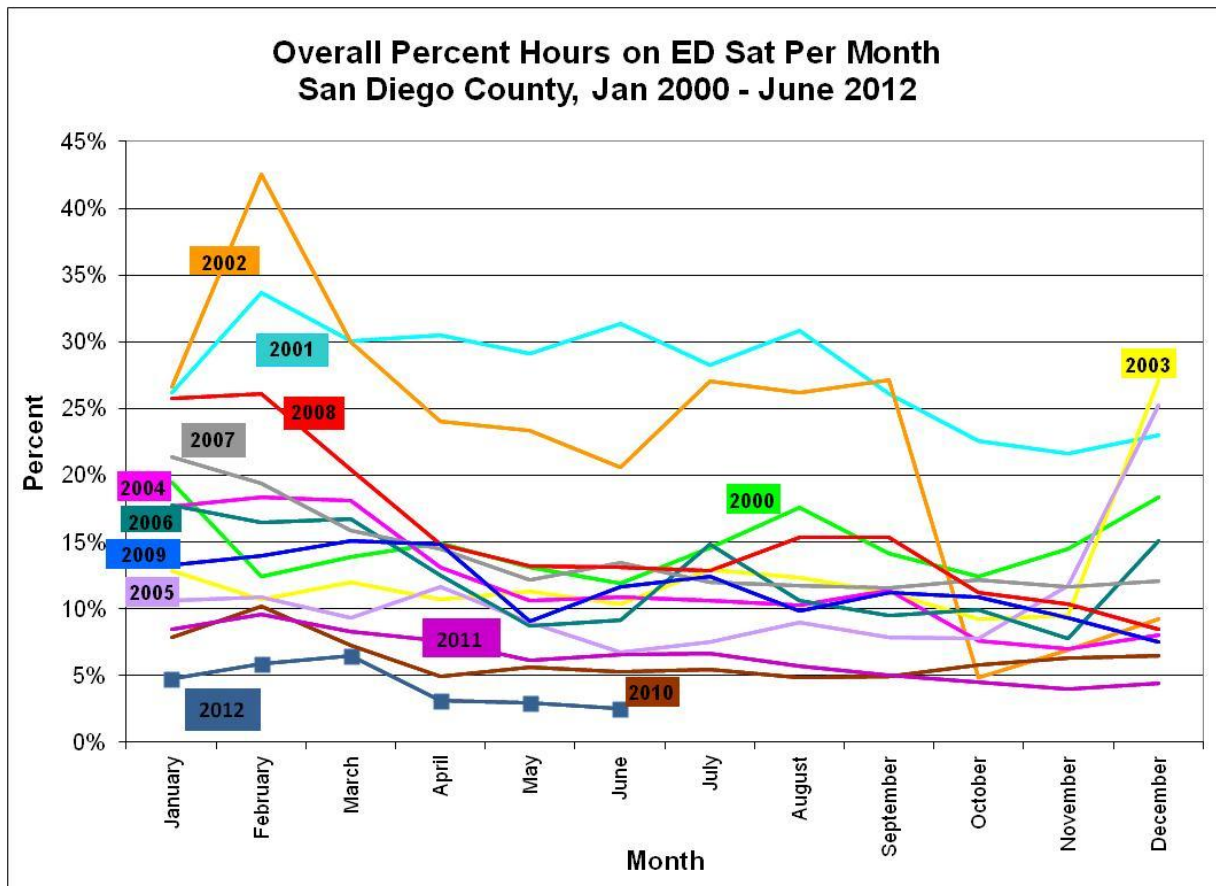
Source: County of San Diego, Health and Human Services Agency, Emergency Medical Services, MICN Records, July 2011 – June 2012



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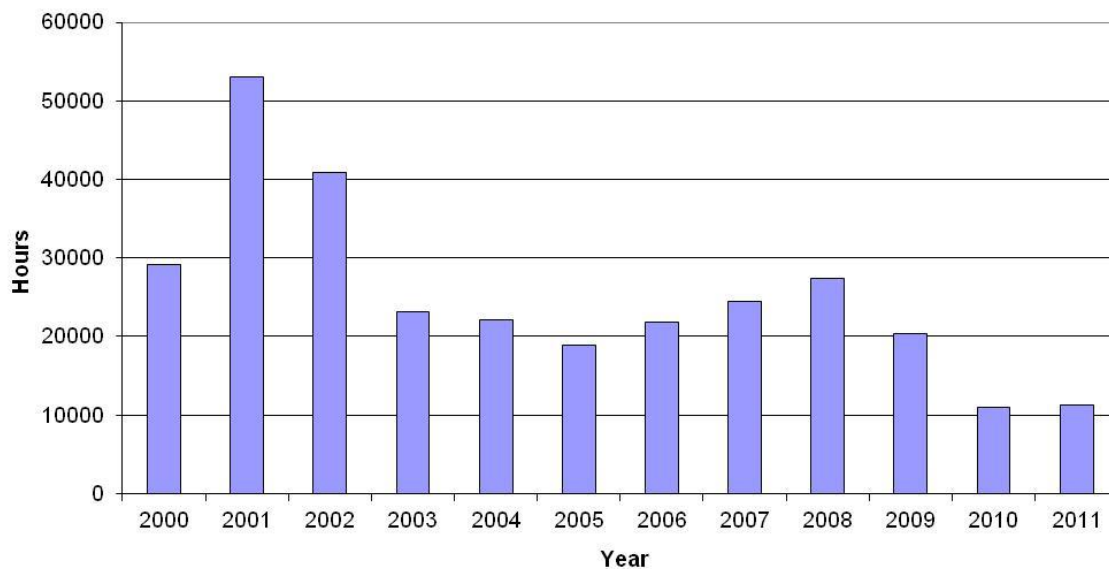


Source: County of San Diego, Health and Human Services Agency, Emergency Medical Services, MICN Records, Jan 2000 – June 2012



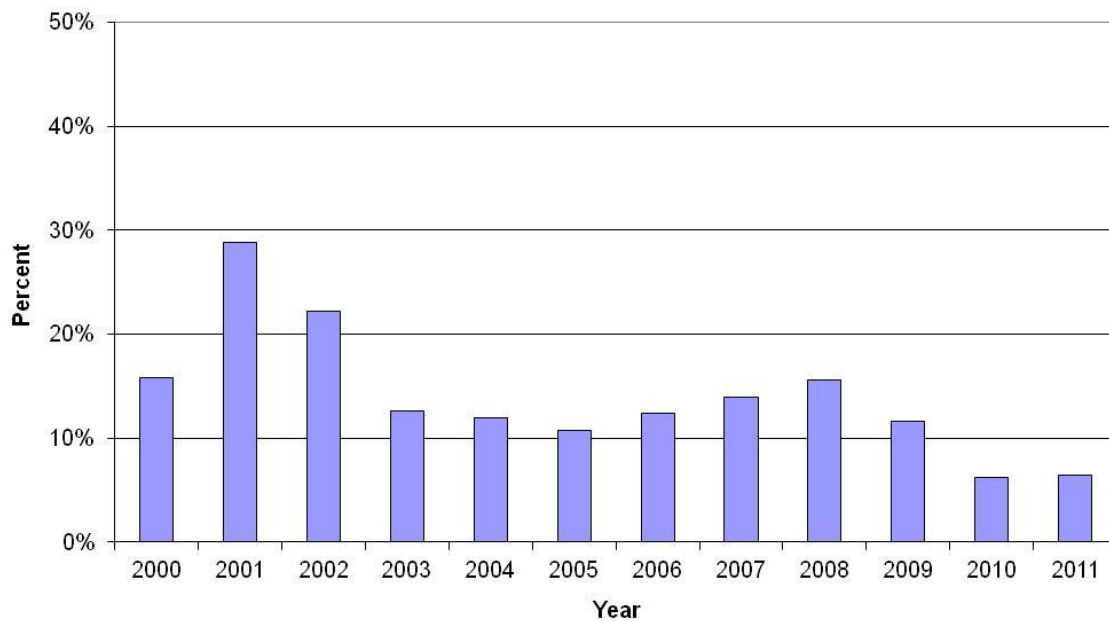
Source: County of San Diego, Health and Human Services Agency, Emergency Medical Services, MICN Records, Jan 2000 – June 2012

**Total Hours on ED Saturation by Year,  
San Diego County, 2000-2011**



Source: County of San Diego, Health and Human Services Agency, Emergency Medical Services, MICN Records, 2000 – 2011

**Overall Percent Hours on ED Saturation by Year,  
San Diego County, 2000-2011**



Source: County of San Diego, Health and Human Services Agency, Emergency Medical Services, MICN Records, 2000 – 2011